

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

REC'D JAN 9 1938

**1. PLACE OF DEATH**

County Phelps County. 2 Registration District No. 678  
 Township St James, 1 Primary Registration District No. 5904  
 City St James. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 44136  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Callie Cox.  
 (a) Residence, No. St James, D D St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-38, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Geo. T. Cox.

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936, to Dec 25 1938  
 I last saw her alive on July 17 1938 Death is said to have occurred on the date stated above, at 4<sup>30</sup> a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 29th 1868

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 8 26

Arteriosclerosis Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co, Missouri

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Natural Was there an autopsy? No

13. NAME Jim Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County. O

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

15. MAIDEN NAME Sarah De Vault.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County O

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT Archie Cox, St James, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Wishon Cemetery DATE 12-28-38

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) St James MO

19. UNDERTAKER Jonas & Ten Tyck, (ADDRESS) St James, Mo.

20. FILED 12-29 1938 Chas B House Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

